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PTO/SB/82 (10-00)

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/193,989
Filing Date	November 18, 1998
First Named Inventor	John Rexroad
Group Art Unit	1771
Examiner Name	U. Ruddock
Attorney Docket Number	CUPI-15

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

John Rexroad

Signature

Date

April 18, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/193,989
Filing Date	November 18, 1998 ⁴
First Named Inventor	John Rexroad
Title	Shrink-Net and System
Group Art Unit	1771
Examiner Name	U. Ruddock
Attorney Docket Number	CUPI-15

I hereby appoint:

☒ Practitioners at Customer Number

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Name	Registration Number
Robert H. Montgomery	19,282

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Practitioners at Customer Number

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert H. Montgomery, Robert H. Montgomery, P.C.				
Address	36 Sportsman's Hill Road				
Address					
City	Madison	State	CT	Zip	06443
Country	USA				
Telephone	(203) 245-4624	Fax	(203) 245-0543		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name John Rexroad

Signature

Date April 18, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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